## **2005 LIMITED LIABILITY COMPANY**

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## ANNUAL REPORT

## 05-02-2005 90087 020 \*\*\*\*50.00 **DOCUMENT # L04000019954** GATES MCVEY - FA INVESTMENTS, LLC 40016601 Principal Place of Business Mailing Address 12810 TAMIAMI TRAIL NORTH 12810 TAMIAMI TRAIL NORTH NAPLES, FL 34110 NAPLES, FL 34110 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 20-0862697 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Stephen V. Robison CONROY, COLEMAN & HAZZARD, P.A. Street Address (P.O. Box Number is Not Acceptable) 2640 GOLDEN GATE PKWY 115 NAPLES, FL 34105 12810 Tamiami Trail North City Naples 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printe 3-10-05 <u>Stephen V. Robison</u> Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Change MGRM TITLE TITLE Addition ☐ Defete GATES MCVEY CAPITAL GROUP, LLC Gates McVey Capital Group, LLC NAME NAME 5405 PARK CENTRAL COURT STREET ADDRESS STREET ADDRESS 12810 Tamiami Trail North CITY-ST-ZIP NAPLES, FL 34109 CITY-ST-ZIP Naples, FL 34110 TITLE Defete TITLE ☐ Change ☐ Addition NAME FA INVESTMENTS, LLC 256 MONTEREY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34119 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

**FILED** 

May 02, 2005 8:00 am Secretary of State

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■ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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ID TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytine P	
Stephen V. Robison 3-10-05 239-593-	-3777